## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

272-017

| CLAIMS AS FILED - PART I<br>(Column 1)   |   |   |                     |                    | (Column 2)                       |                  | _    | SMALL ENTITY TYPE                       |                        | OR   | OTHER THAN<br>OR SMALL ENTITY |                        |
|--|---|---|---------------------|--------------------|----------------------------------|------------------|------|---|------------------------|------|-------------------------------|------------------------|
| TOTAL CLAIMS   |   |   | 9                   |                    |                                  |                  |      | RATE                                    | FEE                    |      | RATE                          | FEE                    |
| FOR NUMBER FILED   |   |   |                     | ILED               | NUMBI                            | ER EXTRA         | Į.   | BASIC FEE                               | 355.00                 | OR   | BASIC FEE                     | 710.00                 |
| TOTAL CHARGEABLE CLAIMS / minus 20=  |   |   |                     | ıs 20=             | •                                | φ                |      | X\$ 9=                                  |                        | OR   | X\$18=                        |                        |
| INDEPENDENT CLAIMS 5 minus 3 =   |   |   |                     | *                  | 7                                |                  | X40= |   | OR                     | X80= | 160                           |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT   |   |   |                     |                    |                                  |                  | I    | +135=                                   |                        | OR   | +270=                         | _                      |
| * If the difference in column 1 is less than zero, enter   |   |   |                     |                    | r "0" in c                       | olumn 2          | L    | TOTAL                                   |                        | OR   | TOTAL                         |                        |
| CLAIMS AS AMENDED - PAR  |   |   |                     |                    | TII                              |                  |      |   | AITITY                 |      | OTHER<br>SMALL                |                        |
|  |   | (Column 1)<br>CLAIMS                        |                     | (Colu              |                                  | (Column 3)       | Г    | SMALL                                   |                        | OR   | SWALL                         | ADDI-                  |
| AMENDMENT A  | to the second second                    | REMAINING<br>AFTER<br>AMENDMENT             | ing a supply of the | NUM<br>PREVI       |                                  | PRESENT<br>EXTRA |      | RATE                                    | ADDI-<br>TIONAL<br>FEE |      | RATE                          | TIONAL<br>FEE          |
|  | Total                                   |   | Minus               | **                 |                                  | =                |      | X\$ 9=                                  | ·                      | OR   | X\$18=                        |                        |
|  | Independent                             | *   | Minus               | ***                |                                  | =                |      | X40=                                    |                        | OR   | X80=                          |                        |
|  | FIRST PRESE                             | NTATION OF M                                | JLTIPLE DEP         | ENDEN              | T CLAIM                          |                  |      | +135=                                   |                        | OR   | +270=                         |                        |
|  |   |   |                     |                    |                                  |                  | L    | TOTAL                                   |                        | OR   | TOTAL<br>ADDIT. FEE           |                        |
| (Column 1) (Column 2) (Column 3)   |   |   |                     |                    |                                  |                  |      |   |                        |      | ADDII: 1 EE                   |                        |
| AMENDMENT B  | 5                                       | CLAIMS REMAINING AFTER AMENDMENT            |                     | HIG<br>NUM<br>PREV | HEST<br>MBER<br>MOUSLY<br>FOR    | PRESENT<br>EXTRA |      | RATE                                    | ADDI-<br>TIONAL<br>FEE |      | RATE                          | ADDI-<br>TIONAL<br>FEE |
|  | Total                                   |   | Minus               | **                 |                                  | =                |      | X\$ 9=                                  |                        | OR   | X\$18=                        |                        |
|  | Independent                             | *   | Minus               | ***                |                                  | =                |      | X40=                                    |                        | OR   | X80=                          |                        |
|  | FIRST PRESE                             | NTATION OF M                                | ULTIPLE DEF         | PENDEN             | IT CLAIM                         |                  | ا ا  | +135=                                   |                        | OR   | +270=                         |                        |
|  |   |   |                     |                    |                                  |                  |      | TOTAL<br>ADDIT. FEE                     |                        | OR   | TOTAL<br>ADDIT. FEE           |                        |
|  |   | ımn 2)                                      | (Column 3)          |                    | ADDIT: 1 CE                      |                  |      | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                        |      |                               |                        |
| AMENDMENT C  |   | (Column 1) CLAIMS REMAINING AFTER AMENDMENT |                     | NUI<br>PREV        | HEST<br>MBER<br>YIOUSLY<br>D FOR | PRESENT<br>EXTRA |      | RATE                                    | ADDI-<br>TIONAL<br>FEE |      | RATE                          | ADDI-<br>TIONAL<br>FEE |
|  | Total                                   | *   | Minus               | **                 |                                  | =                |      | X\$ 9=                                  |                        | OR   | X\$18=                        |                        |
|  | Independent                             | *   | Minus               | ***                |                                  | =                | 4    | X40=                                    |                        | OR   | X80=                          |                        |
| L  | FIRST PRESENTATION OF MULTIPLE DEPENDEN |   |                     |                    | NI CLAIN                         | 1                | ا ا  | +135=                                   |                        | OR   | 070                           |                        |
| ١.   | If the entry in colu                    | ımn 1 is less than                          | the entry in colu   | umn 2, wr          | ite "0" in c                     | olumn 3.         | .    | TOTAL                                   |                        | 4    | TOTAL                         |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |   |                     |                    |                                  |                  |      |   |                        |      |                               |                        |